

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/578961

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1				
9		1				
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1			1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1				
22		21		1		
23		21				
24		21				
25		1		1		
26		1		1		
27		1				
28		1				
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39		1				
40		1				
41		1		1		
42		1				
43		1				
44		1				
45		1				
46		1		1		
47		1				
48		1				
49						
50						
TOTAL IND.	2		1		0	
TOTAL DEP.	106	←	23	←	0	←
TOTAL CLAIMS	108		24		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0		0		0	
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	